WRITTEN ANSWERS TO QUESTIONS

Medical facility to freedom fighters

*465. DR. BAPU KALDATE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Govern ment propose to provide free medical facilities to the Freedom Fighters;

(b) whether the proposed medical faci lities are the same as those being provided to the Central Government employees under the C.G.H.S.; and

(c) if not, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Hospital facilities available in Central Government hospitals under the control of the Ministry of Health and Family Welfare have been extended to the Freedom Fighters w.e.f. 24th July. 1986. These facilities include consultation, investigation, hospitalisation and free supply of medicines.

(b) and (c) Under the Central Government Health Scheme the beneficiaries, who are mainly Central Government employees are entitled for treatment in dispensaries, hospitals, domiciliary visits, aboiatory investigations, supply of medienes and hospitalisation when necessary. The Central Government Health Scheme is mainly intended to provide medical facilities to Central Government employees arr" their familes through a newer of dispensaries which covers 15 cities only. *The* available faePVies under *:at* Central Government Health Scheme are not adequate to cater to the demands of the entitled categories.

Apex body on higher education

466. SHRI PAWAN KUMAR BANSAL: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether Government nave decided to form an apex body on higher education at the National level; 1505 RS—2

(b) if so, what are the details thereof including its comopsition and functions; and

(c) by when, it is likely to be constituted and start functioning?

THE MINISTER OF STATE JN THE DEPARTMENTS OF EDUCATION AND CULTURE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRIMATI KRISHNA SAHI): (a) The National Policy on Education—1986 envisages that in the interest of greater coordination and consistency in policy, sharing of facilities and developing interdisciplinary research, a national body covering higher education in general, agr cultural, medical, technical, lega! and other professional fields will be set up.

(b) and (c) Details relating to the establishment of this body including its composition, functions, etc have not yet been finalised.

Manufacture of coaches in the Railway Coach Factory at Kapurthala

*467. SHRI V. NARAYANASAMY: Wil) the Minlister of RAILWAYS be pleased to state:.

(a) whether it is a fact that the Railway Coach Factory set up recently in Kapurthala in Punjab has started production and if so, the details thereof;

(b) what is the annual capacity of production at the Railway Coach Factory, Kapurthala;

(c) whether the coaches manufactured in this factory will be of new type; and

(d) whether high speed coaches will also be manufactured in the said factory?

THE MINISTER OF STATE OF THE MINISTRY OF RAILWAYS (SHRI MADHAVRAO SCINDIA): (a) No. Sir.

(b) The factory when complete will have an annual capacity for production of 1000 coaches.

(c) The factory will initially produce coaches of the existing design and will gradually switchover to production of new design coaches.

(d) Yes, Sir.

Strengthening of foundation of Jama Masjid at Agra

*468. DR. MOHD. HASHIM KIDWAI: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) what steps have been taken or are being taken by the Archaeological Surrey of India to strengthen the foundation of the historic Jama Masjid of Agra which have become shaky on account of the non cleaning of the big nala around the mosque over which there are some unauthorised constructions; and

(b) what steps have been taken by the ASI to remove pollution around the historic mosque?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRIMATI KRISHNA SAHI): (a) and (b) The Jama Masjid, Agra is owned and controlled by the Islamia Local Agency, Agra and the Sunni Central Board of Waqfs, UP. The Archaeological Survey of India (ASI) is responsible only for the structural upkeep and conservation of the monument. Presently there is nothing to indicate that the foundations of the monument have become shaky.

On a request from ASI, the Agra Development Authority have carried out inspections recently and found that there is no blocking of water in the drain, since it has already been connected to a deeper nala nearby.

Air Pollution levels at Agra are being monitored regularly and appropriate pollution control measures are taken. The Agra Development Authority is also considering! a proposal to cover the exposed portion of the deeper nala with R.C.C. slabs to prevent pollution.

Blindness in India

*469. SHRI S. S. AHLUWALIA:
SHRI PUTTAPAGA RADHA-KRISHNA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the popu lation of the blinds in the country is one fourth of the total population of the blinds in the World;

(b) if so, what are the Government's estimates of the enormity of the problem and the reasons therefor;

(c) whether adequate medical facilities to cope with the problem exist in the country and if so, what are the details thereof; and

(d) what further steps Government propose to take in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (d) As per I.C.M.R. Survey of 1971-73, 9 million persons were estimated to be blind in the country who could not see well at six meter distance. The National Sample Survey Organisation estimated in 1982 the number of the blind in the country at 3.47 million who could not see well at 3 meter distance.

As per WHO estimates, the blindness figures in the world are likely to be in the neighbourhood of 27 to 30 million. These include individuals who cannot see well at 3 meter distance. Blind population of India constitutes roughly 12 per cent of the total population of the blind in the world.

The various conditions leading to blindness have been identified as cataract, Tra choma and associated infections, malnutrition, injuries. Glaucoma and some other conditions including congenital, degenerative and systemic diseases.

A country-wide programme for control of blindness has been launched by the